


All Vermont Health Connect plans cover the same set of Essential Health Benefits. The difference lies in the plan designs, which determine how you pay for those benefits. Standard plans have the same designs across insurance carriers, while Blue Rewards and Vitality Plus plans were uniquely designed by the carriers, with a focus on wellness.

Vermont Health Connect
2016 Plan Designs & Monthly Premiums (before subsidy)

Interested in the cost after subsidy?
Most Vermonters who use Vermont Health Connect qualify for financial help to reduce their costs. To see if you qualify, visit the Subsidy Estimator at http://info.healthconnect.vermont.gov/subsidy_estimator or call 1-855-899-9600.

	Standard Plans				Standard High Deductible Health Plans (HDHP)				Blue Rewards				VT Vitality Plus					
	BCBSVT & MVP				Can Pair with Health Savings Account (HSA)				BCBSVT only				MVP only					
	Platinum	Gold	Silver	Bronze	Silver HDHP		Bronze HDHP		Gold	Silver	Gold CDHP Can pair with HSA	Bronze CDHP Can pair with HSA	Gold	Silver	Bronze	Gold HDHP Can pair with HSA		
	Individual / Family	Individual / Family	Individual / Family	Individual / Family	BCGSVT	MVP	BCBSVT	MVP	Individual / Family	Individual / Family	Individual / Family	Individual / Family	Individual / Family	Individual / Family	Individual / Family	Individual / Family	Individual / Family	
Deductible (Ded.)	Integrated Ded.?	N	N	N														
	Medical Ded.	\$150/\$300	\$750/\$1,500	\$2,000/\$4,000 ⁷	\$4,000/\$8,000	\$1,425/\$2,850 ⁷	\$1,550/\$3,100 ⁷	Y - \$4,100/\$8,200	Y - \$4,400/\$8,800	Y - \$1,250/\$2,500	\$2,000/\$4,000 ⁷	Y - \$2,500/\$5,000	Y - \$6,550/\$13,100	N	N	N	Y	
	Waived ¹ for: (see services below)	Prev. OV, UC, Amb, ER, Den1	Prev. OV, UC, Amb, ER, Den1	Prev. OV, UC, Amb, Den1	Prev	Prev	Prev	Prev	Prev	Prev, PCP/MH OV, Den1	Prev, PCP/MH OV, Den1	Prev	Prev	Prev, OV, UC, Den1	Prev, PCP/MH, Den1	Prev, Den1	Prev	
	Prescription (Rx) Ded.	\$0	\$50 ⁸	\$150 ^{7,8}	\$500 ⁸	See above	See above	See above	See above	See above	See above	See above	See above	See above	\$100/\$200	\$250/\$500 ⁷	\$300/\$600	See above
Max. Out-of-Pocket (MOOP)	Waived for:	N/A (\$0 Ded)	Rx Generic	Rx Generic	Not Waived	Rx Wellness	Rx Wellness	Rx Wellness	Rx Wellness	Not Waived	Not Waived	Rx Wellness	Rx Wellness	VBID, Rx Generic	VBID, Rx Generic	VBID	Not Waived	
	Integrated?	N	N	N	Y-\$6,850/\$13,700	Y-\$5,750/\$11,500	Y-\$5,750/\$11,500	Y-\$6,500/\$13,000	Y-\$6,500/\$13,000	Y-\$4,250/\$8,500	Y-\$6,850/\$13,700 ⁷	Y - \$2,500/\$5,000	Y - \$6,550/\$13,100	N	N	Y-\$6,850/\$13,700	Y-\$2,400/\$4,800	
Stacked or Aggregate? ⁹	Medical	\$1,250/\$2,500	\$4,250/\$8,500	\$5,600/\$11,200 ⁷	See above	See above	\$1,300/\$2,600 ⁷	\$1,300/\$2,600	See above	See above	See above	See above	See above	\$5,550/\$11,100	\$5,550/\$11,100 ⁷	\$1,300/\$2,600	See above	
	Prescription (Rx)	\$1,250/\$2,500	\$1,250/\$2,500	\$1,250/\$2,500 ⁷	\$1,300/\$2,600 ⁷	See above	\$1,300/\$2,600 ⁷	\$1,300/\$2,600	See above	\$1,250/\$2,500	\$1,250/\$2,500 ⁷	\$1,300/\$2,600	\$1,300/\$2,600	\$1,300/\$2,600	\$1,300/\$2,600 ⁷	\$1,300/\$2,600	\$1,300/\$2,600	
Service Category (Examples)	Stacked ⁶	Stacked ⁶	Stacked ⁶	Stacked ⁶	Aggregate Embedded ^{6,10}	Agg Ded/Stack MOOP ⁶	Aggregate Embedded ^{6,10}	Agg Ded/Stack MOOP ⁶	Aggregate Embedded ^{6,10}	Aggregate Embedded ^{6,10}	Aggregate Embedded ^{6,10}	Aggregate ⁶	Aggregate Embedded ^{6,10}	Stacked ⁶	Stacked ⁶	Stacked ⁶	Stacked ⁶	
	Co-insurance (%) / Co-pay (\$)	Co-insurance (%) / Co-pay (\$)	Co-insurance (%) / Co-pay (\$)	Co-insurance (%) / Co-pay (\$)	Co-insurance (%) / Co-pay (\$)	Co-insurance (%) / Co-pay (\$)	Co-insurance (%) / Co-pay (\$)	Co-insurance (%) / Co-pay (\$)	Co-insurance (%) / Co-pay (\$)	Co-insurance (%) / Co-pay (\$)	Co-insurance (%) / Co-pay (\$)	Co-insurance (%) / Co-pay (\$)	Co-insurance (%) / Co-pay (\$)	Co-insurance (%) / Co-pay (\$)	Co-insurance (%) / Co-pay (\$)	Co-insurance (%) / Co-pay (\$)	Co-insurance (%) / Co-pay (\$)	
Office Visit (OV)	Preventive (Prev)	\$0	\$0	\$0	\$0	Ded., then 10%	Ded., then 10%	Ded., then 50%	Ded., then 50%	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
	PCP or Mental Health (PCP/MH)	\$10	\$15	\$25	Ded., then \$35	Ded., then 10%	Ded., then 10%	Ded., then 50%	Ded., then 50%	3 visits per person (up to 9 per family) with no cost-share; then deductible applies with co-pay of \$20 (Gold) or \$30 (Silver)				\$10	\$20	Ded., then \$40	0%	
Urgent Care (UC)	Specialist ²	\$20	\$25	\$50	Ded., then \$85	Ded., then 25%	Ded., then 25%	Ded., then 50%	Ded., then 50%	Ded., then \$30	Ded., then \$50	Ded., then \$0	Ded., then \$0	\$30	Ded., then \$60	Ded., then \$100	0%	
		\$40	\$45	\$60	Ded., then \$100	Ded., then 25%	Ded., then 25%	Ded., then 50%	Ded., then 50%	Ded., then \$30	Ded., then \$50	Ded., then \$0	Ded., then \$0	\$45	Ded., then \$60	Ded., then \$100	0%	
Ambulance (Amb)		\$50	\$50	\$100	Ded., then \$100	Ded., then 25%	Ded., then 25%	Ded., then 50%	Ded., then 50%	Ded., then \$30	Ded., then \$50	Ded., then \$0	Ded., then \$0	Ded., then \$50	Ded., then \$100	Ded., then \$100	0%	
		\$100	\$150	Ded., then \$250	Ded., then 50%	Ded., then 25%	Ded., then 25%	Ded., then 50%	Ded., then 50%	Ded., then \$250	Ded., then \$250	Ded., then \$0	Ded., then \$0	Ded., then \$200	Ded., then \$250	Ded., then 50%	0%	
Hospital Services ⁴	Inpatient	Ded., then 10%	Ded., then 20%	Ded., then 40%	Ded., then 50%	Ded., then 25%	Ded., then 25%	Ded., then 50%	Ded., then 50%	Ded., then \$500	Ded., then \$1,750	Ded., then \$0	Ded., then \$0	Ded., then 20%	Ded., then 50%	Ded., then 50%	0%	
	Outpatient	Ded., then 10%	Ded., then 20%	Ded., then 40%	Ded., then 50%	Ded., then 25%	Ded., then 25%	Ded., then 50%	Ded., then 50%	Ded., then \$500	Ded., then \$1,750	Ded., then \$0	Ded., then \$0	Varies by service	Varies by service	Ded., then 50%	0%	
Prescription (Rx) Drug Coverage		30-day supply	30-day supply	30-day supply	30-day supply	30-day supply	30-day supply	30-day supply	30-day supply	30-day supply	30-day supply	30-day supply	30-day supply	30-day supply	30-day supply	30-day supply	30-day supply	
	Rx Generic ³	\$5	\$5	\$15	Ded., then \$20	Ded. ⁹ , then \$10	Ded. ⁹ , then \$10	Ded. ⁹ , then \$12	Ded. ⁹ , then \$12	Ded., then \$5	Ded., then \$5	Ded. ⁹ , then \$5	Ded. ⁹ , then \$25	\$5	Ded., then \$15	Ded., then \$20	0%	
Additional Benefits	Rx Preferred Brand ⁵	\$40	Ded., then \$40	Ded., then \$60	Ded., then \$80	Ded. ⁹ , then \$40	Ded. ⁹ , then \$40	Ded. ⁹ , then 40%	Ded. ⁹ , then 40%	Ded., then 40%	Ded., then 40%	Ded., then 40%	Ded., then 40%	Ded., then \$40	Ded., then \$50	Ded., then \$90	0%	
	Rx Non-Preferred Brand ⁵	50%	Ded., then 50%	Ded., then 50%	Ded., then 60%	Ded., then 50%	Ded., then 50%	Ded., then 60%	Ded., then 60%	Ded., then 60%	Ded., then 60%	Ded., then 60%	Ded., then 60%	Ded., then 50%	Ded., then 50%	Ded., then 60%	0%	
Wellness Benefits																		
	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Up to \$300 in wellness rewards per adult				VBID Rx co-pay of \$1/\$3, up to \$50 in wellness rewards				
Premiums by Tier ⁶		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Cost before subsidy	Cost before subsidy	Cost before subsidy	Cost before subsidy	Cost before subsidy	Cost before subsidy	Cost before subsidy	Cost before subsidy	
	Cost before subsidy	Cost before subsidy	Cost before subsidy	Cost before subsidy	Cost before subsidy	Cost before subsidy	Cost before subsidy	Cost before subsidy	Cost before subsidy	Cost before subsidy	Cost before subsidy	Cost before subsidy	Cost before subsidy	Cost before subsidy	Cost before subsidy	Cost before subsidy	Cost before subsidy	
Single	BCBSVT	\$656.63	\$573.36	\$484.49	\$409.17	\$468.90		\$406.84		\$531.33	\$465.16	\$506.32	\$401.92		\$574.85	\$476.39	\$391.36	\$510.53
	MVP	\$660.42	\$588.71	\$493.38	\$392.45				\$380.71									
Couple	BCBSVT	\$1,313.26	\$1,146.72	\$968.98	\$818.34	\$937.80		\$813.68		\$1,062.66	\$930.32	\$1,012.64	\$803.84		\$1,149.70	\$952.78	\$782.72	\$1,021.06
	MVP	\$1,320.84	\$1,177.42	\$986.76	\$784.90				\$761.42									
Parent and Child(ren)	BCBSVT	\$1,267.30	\$1,106.58	\$935.07	\$789.70	\$904.98		\$785.20		\$1,025.47	\$897.76	\$977.20	\$775.71		\$1,109.46	\$919.43	\$755.32	\$985.32
	MVP	\$1,274.61	\$1,136.21	\$952.22	\$757.43				\$734.77									
Family	BCBSVT	\$1,845.13	\$1,611.14	\$1,361.42	\$1,149.77	\$1,317.61		\$1,143.22		\$1,493.04	\$1,307.10	\$1,422.76	\$1,129.40		\$1,615.33	\$1,338.66	\$1,099.72	\$1,434.59
	MVP	\$1,855.78	\$1,654.28	\$1,386.40	\$1,102.78				\$1,069.80									

Footnotes

1 Medical Deductible waived for: Preventive, Office Visit, Urgent Care, Ambulance, Emergency Room, Pediatric Dental Class 1 Series (as indicated by plan).

2 Special co-pay also applies to PT/ST/OT, vision, and any alternative medicine benefits, as appropriate.

3 ER co-pay is waived if admitted.

4 Hospital Services are inpatient (including surgery, ICU/NICU, maternity, SNF and MH/SN), outpatient (including ambulatory surgery centers); and Radiology (MRI, CT, PET). This cost-sharing will also include physician and anesthesia costs, as appropriate.

5 Each insurance carrier classifies drugs according to its own formulary. To see if a specific drug qualifies for the Generic or Preferred co-pay, view the formularies at <http://info.healthconnect.vermont.gov/healthplans> or contact BCBSVT (800-247-2583) or MVP (800-TALK-MVP).

6 With an aggregate family deductible, your family must meet the family deductible before the plan pays benefits once you meet either your individual deductible or your family deductible.

7 If you purchase a silver plan and your income qualifies for cost-sharing reductions (for example, up to \$72,750 for a family of four), your deductible and max. out-of-pocket could be lower than the figures stated above. To learn more, go to www.VermontHealthConnect.gov and click on "Health Plans."

8 BCBSVT Standard Gold/Silver/Bronze plans have a \$50/\$150/\$500 Rx Deductible per person, while MVP Standard Gold/Silver/Bronze plans have an Rx Deductible of \$50/\$150/\$500 for a single plan or \$100/\$300/\$1,000 for all other tiers.

9 With High Deductible Health Plans (HDHP), you do not have to pay the deductible for Wellness prescriptions. See the BCBSVT and MVP lists of Wellness drugs at <http://info.healthconnect.vermont.gov/healthplans>.

10 Some HDHP aggregate family deductibles have an embedded individual maximum out-of-pocket of \$6,850 to prevent one individual from paying the full family maximum out-of-pocket when it exceeds the federal maximum out-of-pocket of \$6,850 for an individual.